MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 74 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No

e. IS RESIDENCE

Year

IF UNDER 24 HRS.

12 CITIZEN OF WHAT COUNTRY?

INTERVAL RETWEEN ONSET AND DEATH

> PERFORMED? NO D

DATE SIGNED

(State)

Md.

(State)

USA

ON A FARM?

YES NO TH

19 61

Kent

20

Months

IFUNDER TYFAR

(County)

1/21/61

Inquiry

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VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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										000	
1. PLACE OF DEATH o. COUNTY	Kent		MARYLA	0.9	TATE	ryla:	_	ed. If instituti b. COUNTY		before odr	nission)
b. CITY OR TOWN RURAL and give ROCK	(If autside carporote limits, pearest town)		t life	1b c. 0	Rock			limits, write F	RURAL and giv	e nearest to	own)
d. NAME OF HOSP OR INSTITUTION	tTAL (If not in hospital, giv	e street address		d.	STREET ADDRE	in S	t.			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Rillia		Middle	Burge	last SS		DATE OF DEATH	an. ]	10, 19		Year
female	white	WIDOWED XIX		Mar	of BIRTH 30,		0 7	AGE (In years last birthdoy) O yrs.	Months D	YEAR IF UN	NDER 24 HRS.
Emp. Tol	ION (Give kind of work do rking life, even if retired) Chester Co		arious	K	ent C	0. M	aryla			ISA	AT COUNTRY?
13. FATHER'S NAME	James M. W	lood		14. M	OTHER'S MAI			ingtor	1		
	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv	ES? 16. SOCIAL	SECURITY NO. 26-2777	17. INFORMA					Hall,	Md.	
Canditions, if gove rise to cause (a), stating lying cause lost	immediate DUE TO	Care	dio De	ron	ler'						
PART II. O  PART II. O  OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH	BUT NOT RE	LATED TO THE	TERMINAL	DISEASE CO	ONDITION GI	VEN IN PART	PER	AS AUTOPSY REORMED?
	AS UNDERLYING DG CAUSE OF DEATH Y MEDICAL EXAMINER)	POB. DESCRIBE H	IOW INJURY OCC	URRED. (Enter	noture of inju	ury in Port	I ar Port II	af item 18.)		Æ.	
20c. TIME OF INJU Haur a. m p. m	10		lat while		INJURY (Hame		Of. (City or	town)	(Co	ounty)	(Stote)
saw the decer	at (1) (this haspital) ased alive an fan best M Norbert C.		961., and th	mat death o	TENDING #	MED.	fram the	STAFF PHYS.	nd an the		
23a. BURIAL, CREMATI REMOVAL (Specif Burial	ON. 235. DATE THEREOF		NAME OF CEMETE	_				N (City, town, Hall		(	State)
24. FUNERAL DIRECTO	R'S SIGNATURE WE		nestert	own, M	d.	REC'D BY	registra	R 25b, REG	ISTRAR'S SIGI	NATURE	

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		Plant to the	THE RESERVE	
-6. Luli .ul .ue-				
Part of the same	Okab (Collins)			
		approximation.		
	COLUMN DALLA . I TAL	1115-11-113		
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	eat vil	Approve Line		

death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by "rie funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Stote Boord at Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH o. COUNTY Ke	ent		MARYLAN	- 11	o. STATE	(Where decea	sed lived. If institut b. COUNT		before ad	mission)
	b. CITY OR TOWN RURAL and give	(If outside corporate lim nearest town)	its, write		ib di	c. CITY OR TOWN			RURAL ond giv	re nearest	town)
-	OR INSTITUTION	ITAL (If not in hospital,		days: ospital		d. STREET ADDRES		e		0	RESIDENCE N A FARM?
3.	NAME OF	Fi		Middle		Last	4. DATE	Мо	onth	Doy	Year
	DECEASED (Type or print)	Herbe	700	Sprv		Ford Sr	OF	н	1	27	1961
S. 5	SEX	6. COLOR OR RACE		RRIED NEVER MARRIED	8. [	ATE OF BIRTH		9. AGE (In years	-		NDER 24 HRS
	Male	White	WIDOV	WED DIVORCED	5	4/8/86		lost birthdoy)	1110111111	Days Ho	urs Min.
10a	. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10t	. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (S	tote or foreign	country)	12. CITIZI	N OF WH	AT COUNTRY
1	Farmer	rking ine, even it reilrec		griculture		Marvl	and		11.	S.A.	
	FATHER'S NAME				1	4. MOTHER'S MAID	EN NAME				
	Samuel	M. Ford				E14	zahet	h Jame	Snow		
	THE SPIRIT OF THE PERSON NAMED IN	ER IN U. S. ARMED FOR		19014 SECURITY NO. 1	7. INFO	RMANT	MAUGU	h Jane Add	dress	1.=10	
	Vo	(If yes, give wor or dates of	service) a	(Money)	Lul	ah G. Fo	ord. K	ennedyv	ille.N	id (W	life)
	18. CAUSE OF DE	ATH   Enter only one co	ouse per	line for (o), (b), and (c).)						INTERVAL	8ETWEEN
	PART I. DE	ATH WAS CAUSED BY:	Gor	onary infarct						day:	ND DEATH
	420.	DUE TO		01101			7-11				
	Conditions, if	ony, which )	Art	eriosclerosis						5 ve	ars
	gove rise to	immediate (	-	01 20002010020						7	
	lying couse lost	the under-	-1								
ATION		, (	IDITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	ERMINAL DISE	ASE CONDITION GI	IVEN IN PART	PE	AS AUTOPSY RFORMED?
CERTIFICATION	OR CONTRIBUTING	'AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (	Enter noture of injury	in Port I or P	ort II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. Whil	e _ Not while _		OF INJURY (Home, y, street, office bldg.	etc.)	ity or town)	(Co	unty)	(Stote)
	21. I certify th		l) atter nuar	nded the deceased from 26, and the	m	arch th accurred at_	19 60 , to		27 <sub>, 19</sub> 6. nd on the		l) (we) last
	220. SIGNATURE	ace	5,5	4	M.D	ATTENDING	MED. DIRECTOR [	STAFF		27-61	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	A.C. Di	ck			22d. ADDRESS Cheste	rtown,	Maryland			
23a	BURIAL, CREMATI		OF.	23c. NAME OF CEMETER	Y OR C	REMATORY	23d. LOC	CATION (City, town,	or county)	(	Stote)
B	REMOVAL (Specif)	Jan. 29, 19	61	Shrewsbury	Cem	etery	Kenn	edyville	(Rural	) M	d.
-	FUNERAL DIRECTO			ADDRESS			REC'D 8Y REG	ISTRAR 25b. REG	SISTRAR'S SIGN		
6	Edward	Fellow	V	millingtos	u, ;	Md. DATE	FEB 1	'61 C	Inthus S.	Kroug	

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	tek O. Ford, Konne		0
17-17-17			
	Anna Canada and Anna Anna Anna Anna Anna Anna		
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MARYLAND STATE DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH AFRICAL EXAMINER'S IFAITH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) inec. Pervour files. e. COUNTY b. COUNTY e. STATE Maryland Kent Kent MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Board of F write RURAL and give nearest town) Worton (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE & STREET ADDRESS ON A FARM? be retained in the State B YES NO Kent & Queen Annes 3. NAME OF Middle 4. DATE Day DECEASED January 31 1961 Renee Green (Type or print) DEATH nould be executed within 24 hours after death "in pencil In Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with moval, and in any every within 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Female Coldred WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retirad) none USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Doris Wilson 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unkown) | (If yes give werer detes of service) none Hospital records, Chestertown, 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive burns, 2nd & 3rd degree, involv-DUE TO removal, ing nearly 80 to 90 % of the total body gave rise to immediate cause (a), stating the underlying surface PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? 9 ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 1B.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING burned when home caught fire and burned AEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED 1-20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Day, Year (County) factory, street, office bldg., atc.) Not While al work at work 2. 1 Certify that took charge of the remains described above, held an Autopsy near Worton, Kent. Inquiry | Inspection . and in my opinion TEDICAL Accident Y Undetermined manner Natural causes Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Feb. Robert Addrass (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Rich Neck Hall Cem. RFD Chestertown, Md. Z40 ö ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. House DATEFEB 6

Work on Prunklip www.mwodweamode Kent a Suesn Anders De Es your where To T. lones and a 127 127 3 Legisle slaped Brand Trees Toris History ABUTT TOTERS Possitel records, Gasterion, dd. automative burns, and a pri lugren, involvaing nearly 80 to 90 % of the total acity 1.25 days curried when hone onesht if he and burned CAN STORE WAS VERY TO ALL Robert W. Ferr 

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 749

CG744

1. PLACE OF DEATH a. COUNTY Ke nt	MARYLAND	2. USUAL RESID o. STATE Marylar		eased lived. If inst			iion)
b. CITY OR TOWN (If autside corporate limits, write Cheur automateurs)	c. LENGTH OF STAY IN 16		OWN (If autside of	arporate limits, wr	ite RURAL and gi	ve nearest town	1)
d. NAME OF HOSPITAL (If not in hospital, give street of institution Kent & Queen Anne's Hospital		d. STREET AC	DRESS		ZX		FARM?
	Middle Hall	Lost	4. DA OF DE		Month	d	Year 19 61
5. SEX white 7. MARR WIDOWE		B. DATE OF BIRTH ctober 30	, 1891	9. AGE (In ye	ears IF UNDER	YEAR IF UND! Days Haurs	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS			gn country) Marylan	77 0	EN OF WHAT O	OUNTRY?
13. FATHER'S NAME Samuel Redman		Laura N					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service) 220-		spital re	cords. 0	hesterto	Address		
PART I. DEATH (Enter only one cause per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any which gave rise to immediate cause (o), stoting the under-lying cause last.	monary embolism	n				6 days	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS OF Internal hemorrhage due to OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		erapy) Fr	acture n	eck rt.	femur	1(o) 19. WAS PERFO YES	DRMED?
20c. TIME OF INJURY Manth, Doy, Year 20d. It Hour o. m. 12-15- 1960 of worl 21. I certify that (I) (this haspital) attended	NJURY OCCURRED  Nat while Str  at work Str  led the deceased fram.	ACE OF INJURY (Hetary, street, affice eet 2–15	bldg., etc.) Ch	(City or town)  urch Hill to 1-8	1. Q.A.,	1 that (1) (	
saw the deceased alive an 1-7- 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	19 <b>6</b> 1, and that d	M.D. ATTENDING PHYS. 22d. ADDRES	A.M. MED. DIRECTOR	STAFF PHYS.			b. DATE SIGNED
230. BURIAL, CREMATION, REMOVAL (Specify) 1-11-61	23c. NAME OF CEMETERY O			Marylar OCATION (City, to Church H	wn, or caunty)	(Stot	le)
24. FUNERAL DIRECTOR'S SIGNATURE	rch Hill, Md.		250. REC'D BY REDATEJAN 1 3		Cultur S. 1		

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

750

S. SEX   6. COLOR OR BACE   7. MARRIED   NET MARRIED   S. DATE OF BIRTH   9. AGE (In your Months)   Present Months   Days   Hours   Min Months   Days   Hours   Date   D	RUBAL and give noncest town  Chestertown  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Kent & Cheen Anne's Hospital  ROSS  S. NAME OF COLOR RACE 7. MARRIED NEVER MARRIED DIVORCED   1.2  S. SEX  Female  Negro  WIDOWED DIVORCED DIVORCED   1.1/16/87  10. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY)  10. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY)  11. MARRIED NAME  WILL Thomas:  12. CATTERS NAME  WILL Thomas:  13. WAS DECEASED FYER IN U. S. ARMED FORCES?  14. SOCIAL SECURITY NO.  15. CAUSE OF DEATH [Enter only one coouse per Mine for (e), (b), and (c).]  PART I. DEATH Which wild one coouse good per Metastatic cancer—6 months  DUE TO  Conditions, Hefry, which gave its to immediate Due to Cooling the under Coouse (e), Lobing the under Coope of Contributing Coope for Lorent Coope of Contributing Coope for Lorent Coope of Contributing Coope for Lorent Coope for Coope of Contributing Coope for Lorent Coope for Coop		1. PLACE OF DEATH o. COUNTY Ken	t Kent	MARYL		o. STATE Maryl	-	d lived. If instituti b. COUNTY	on: Residence Kent		nission)
Conditions   Front   Conditions   Conditio	Contest   Cont		b. CITY OR TOWN (I RURAL ond give ne	f outside corporate limits, earest town)		N 16					ve nearest to	wn)
OR INSTITUTION  Kent & Cheen Anne's Hospital  Cannon St.  Cannon S	OR INSTITUTION Kent & Queen Anne's Hospital  3. NAME OF DECASE (Type or print)  3. NAME OF DECASE (Type or print)  1. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  11/16/87  10. USUAL OCCUPATION (Give kind of work done during most of working)  10. USUAL OCCUPATION (Give kind of work done during most of working)  10. HOUSEWIFE  13. FATHER'S NAME  WILL Thomas:  15. MAS DECASED PURE IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH  19. AGE (In yeor   IF UNDER 1974)  Maryland  10. U.  10. STATES' NAME  WILL Thomas:  15. MAS DECASED PURE IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH  19. AGE (In yeor)  19. AGE (In yeor)  10. MINIMAL OF HERS MAIDEN NAME  Nancy Hinson  19. AGE (In yeor)  10. STATE ALBERT NAME  Nancy Hinson  10. Maryland  11. BRITHPLACE (Slote or foreign country)  11. BRITHPLACE (Slote or foreign country)  12. CHIZENO  Maryland  10. Address  Nancy Hinson  15. AMAS DECASED PURE IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  James Hopkins, Chestertown,  18. CAUSE OF DEATH  19. Address  19. AGE (In yeor)  10. MORTH NAME  Nancy Hinson  10. Condition, Hony, which gove rise to immediate course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  10. DECASED PURE IN U. S. ARMED FORCES?  10. ACCIDENT WAS UNDERLYING DOWN OF COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  10. DEATH  10. OR CONTRIBUTING CAUSE OF DEATH  11. BRITHPLACE (Slote or foreign country)  12. CHIZENO  13. BRITHAL CRUE ALBRICAN  14. DATE  15. MARS DECASED PURE IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  18. ALBRICA CRUMATION (Slote)  19. A. C. DICK, M.D.  20. CONTRIBUTING CAUSE OF DEATH  20. CONTRIBUTING CAUSE OF DEATH  21. CHIYER OR MARY MARY MARY MARY MARY MARY MARY MAR	-				0		wn	TITLE C.	rmie		
S. NAME OF COLOR OR RACE   7. MARRIED   NO PROSE   NAME   NO PROPERTY   NAME	3. MAME OF SECRATED   First   Middle   Lou   4. DATE   Month   DEATH   Color OR RACE   7. MARRIED   NEVER MARRIED   11/16/87   9. AGE (in year)   IF UNDER IYEAL   Month   Days   Days   Month   Days   Days   Month   Days   Days   Month   Days		OR INSTITUTION	AL (If not in hospital, give	re street oddress)		d. STREET ADDRESS				e. IS F	A FARM?
December	December   Death   To		Kent & Que	een Anne's H	fospital		Cannon St				YES	□ NO 🖾
Color Or RACE   NAMERIED NEED   S. DATE OF BIRTH   1.   1.   1.   1.   1.   1.   1.   1	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In year   IF UNDER 17EA   Months   Days   Maryland   10. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   12. CITIZENO   Maryland   12. CITIZENO   Maryland   13. MATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. SOCIAL SECURITY NO.   17. INFORMANT   Name year   Months   Maryland   Name year   Months   Months   Maryland   Name year   Months			First	Middle			OF	Mon	th	Day	Year
The continue of the control of the	Temale   Negro   DIVORCED   DIRECTOR   DIVORCED   DIRECTOR   DIVORCED   DIRECTOR   DIVORCED   DIRECTOR   DIR		(Type or print)				Hopkins	DEATH	1			1961
Temale   Negro   Divorced   Div	Temale   Negro   DIVORCED   DIVORCED   11/16/87   73 yrs   100. USUAL OCCUPATION (Give kind of working life, even if refired)   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   12. CITIZENO   Maryland   12. CITIZENO   Maryland   13. FAIHER'S NAME   Nancy Hinson   Nancy Hin		S. SEX	6. COLOR OR RACE 7	MARRIED MEVER MARRIE	D 8. C	ATE OF BIRTH		9. AGE (In years			
during most of working life, even if refired)  HOUSEWIFE  13. FAITHER'S NAME  Will Thomas  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Fue. to "give and or of data of service")  NO  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Fue. to "give and or of data of service")  Yes.  16. SOCIAL SECURITY NO.  17. INFORMANT  Yes.  James Hopkins, Chestertown, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  Medical Events of the medical couse (a), storing the under lying couse lost.  (b) due to uterine cancer  Oue TO  Jing couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPE PERFORMED?  YES   MOD    20a. ACCIDENT WAS UNDERLYING   Contributed in the couse (c), storing the under lying couse lost.  (c)  20a. ACCIDENT WAS UNDERLYING   Contributed in the couse of the couse (c), storing the under lying couse lost.  (c)  20a. ACCIDENT WAS UNDERLYING   Contributed in the couse of the couse (c), storing the under lying to the couse (c), storing the under lying couse lost.  20a. ACCIDENT WAS UNDERLYING   Contributed in the couse of the couse (c), storing the under lying the couse (c), storing the under lying to the life t	during most of working life, even if retired)  HOUSEWIFE  13. FATHER'S NAME  WILL Thomas:  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  James Hopkins, Chestertown,  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  We to uterine cancer  Conditions, Iffany, which gove rise to immediate couse (c), toting the under lying couse lost.  (b) due to uterine cancer  DUE TO  LONG CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) If life in the life man labeled of work in work of work of work of work of work in work of work of work in work of work of work of work in work of work of work of work in work of work of work of work of work in		Female	Negro w	WIDOWED DIVORCED		11/16/87			Months	Days Hou	Min.
HOUSEWIFE  13. FAITHER'S NAME  Will Thomas:  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (The no. of unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  Yes.  James Hopkins, Chestertown, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: (b) due to uterine cancer  Conditions, Ifany, which gove rise to immediate couse (e), utoling the under lying couse lost. (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  20. ACCIDENT WAS UNDERLYING: (C)  20. ACCIDENT WAS UNDERLYING: (C	Housewife  13. FATHER'S NAME  Will Thomas:  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  Yes.  James Hopkins, Chestertown,  18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).]  PART I. DEATH WAS CAUSED BY.  Membrate cause (o). Metastatic cancer—6 months  DUE TO  DUE TO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  To couse (o). storing the under:  If Filther, Nothing Cause of Set.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  To constituting Cause of Set.  (c)  Post Time Of INJURY Month, Doy, Year 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  To constituting Cause of Set.  20c. ACCIDENT WAS UNDERLYING Cause of Set.  (b) DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  To constituting Cause of Set.  (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  To constituting Cause of Set.  (c)  Post III of item 18.)  To constituting Cause of Set.  (d)  To the of INJURY Month, Doy, Year 20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  To constituting Cause of Set.  (Country Hour o. m.  P. m.  19 While Of Work Of Wo		10a. USUAL OCCUPATIO	N (Give kind of work do	one 10b. KIND OF BUSINESS OF	NDUSTRY	11. BIRTHPLACE (Stote	or foreign o	country)			
14. MOTHER'S NAME   14. MOTHER'S MAIDEN NAME   Nancy Hinson   Na	13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   Nancy Hinson			ang me, even ii remee)			Marylan	nd			U.S.A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT	15. WAS DECEASED EVER IN U. S. ARMED FORCES? IT S. SOCIAL SECURITY NO. Y es.   16. SOCIAL SECURITY NO. Y es.   17. INFORMANT	1				1	4. MOTHER'S MAIDEN	NAME				
Test   Conditions   Conditions   Contributing to Death   But not related to the terminal disease condition given in Part   Conditions   Contributing   Con	Test   Conditions,   If yes, give were or deten of service  Yes.   James Hopkins, Chestertown,		Will	Thomas			Nancy	Hin	son			
NO    Section	No   Yes.   James Hopkins, Chestertown,	/[				17. INFO	RMANT		Add	ress	11.00	4.4
PART I. DEATH WAS CAUSE (a) Metastatic cancer—6 months  DUE TO  Conditions, If any, which gove rise to immediate couse (a), storing the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOFF PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOFF PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINAL DISEASE CONDITION GIVEN IN PART I(b) 19. WAS AUTOFF PERFORMED?  YES NO CONTRIBUTING COUNTRIBUTING COUNTRIBUTING COURRED OR CONTRIBUTING COUNTRIBUTING COU	PART I. DEATH WAS CAUSE (o) Metastatic cancer—6 months  DUE TO  Conditions, If any, which gove rise to immediate couse (o), storing the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year 200. INJURY OCCURRED While Not while of work of work of work of two work as well a			(if yes, give wor or odies of servi	Yes.		lames Hopk	cins,	Chester	rtown	, Md.	
DUE TO  Conditions, It flany, which gove rise to immediate cause (a), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPY PERFORMED? YES NOT 10 COUNTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURSED OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURSED OR CONTRIBUTING COURSED OR CONTRIBUTION COURSED OR CO	DUE TO  Conditions, lifebry, which gove rise to immediate cause (o), storing the under lying couse (o), storing the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  OR CONTRIBUTING CAUSE OF DEATH IF EITHER OF INJURY Month, Doy, Year Month, Doy, Year Month of work of	F										
DUE TO  (b) due to uterine cancer  (c) due to uterine cancer  (d) due to uterine cancer  (e) DUE TO  (e) DUE TO  (f) due to uterine cancer  (g) due to uterine cancer  (h) due to uteri	Conditions, If any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  20a. ACCIDENT WAS UNDERLYING ACUSE OF DEATH II FEITHER. NOTIFY MEDICAL EXAMINER?  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part III of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED. While of work of work of work of work of work of work of work.  21. I certify that (1) (this haspital) attended the deceased fram.  22. SIGNATURE  22. PHYSICIAN'S NAME (Type)  A. C. Dick, M.D.  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  25b. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		PART I. DEA	TH WAS CAUSED BY:	Metastatic c	ance	r-6 months	5				A 7
DUE TO   Some cose (a), stoting the <u>under-lying cose lost.</u>   Cc.	DUE TO    Source (a), storing the under-   Sying couse lost.   DUE TO     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)		177113	DUE TO	-1004004020		- IN CALCULA		1 1 2 1		32	
DUE TO   Some cose (a), stoting the <u>under-lying cose lost.</u>   Cc.	DUE TO    Source (a), storing the under-   Sying couse lost.   DUE TO     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)		Conditions, if a	nv. which )	due to uteri	ne c	ncer				22	
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saw the deceased alive an 1/12 19.61, and that death accurred at 2:30 rap in causes and an the date stated above 226. SIGNATURE  226. SIGNATURE  226. PHYSICIAN'S NAME (Type)  A. C. Dick, M.D.  226. PHYSICIAN'S NAME (Type)  A. C. Dick, M.D.  236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town, or county) (Stote)  236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town, or county) (Stote)	saw the deceased alive an			et (I) (this hasnital)	attended the deceased	fram	0/1 10	60 10	1/	72106	T that (I'	(wa) last
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	MARY	AND	STATE DEP	ARTM	ENT OF H	EALTH	H-BAL	TIMORE	, 18			
	75	1	CERT	IFIC	ATE OF D	EATH	1		Re	g. Dist. N	. 60	746
1. PLACE OF DEATH o. COUNTY Ken	t		MAI	RYLAND	2. USUAL RESID	ence (wharyl	ere deceased	lived. If inst b. COU			ore admiss	ion)
b. CITY OR TOWN ( RURAL and give p	If outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (If o	utside corpo	rote limits, wri	te RURA	L ond give n	earest town	1)
Gal	.ena		1	ars	₩ G	alen	a					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ive street	oddress)		d. STREET A	DDRESS	-					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Ella	st	Lee	lle	Jones		4. DATE OF DEATH	Janu	Month ary	25		Year 19 <b>61</b>
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MAR	RIED 🗌	8. DATE OF BIRTH			9. AGE (In ye	ors IF L	INDER I YEA	+	
Female	White	WIDOWI	ED 🕅 DIVORO	CED 🔲	Aug. 29	, 18	79		yrs. Mo	onths Doys	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	CE (Stote	or foreign co	ountry)		12. CITIZEN	F WHAT	OUNTRY?
Hous	ewife		Home		Mar	ylan	d		-31	U. S	. A.	
3. FATHER'S NAME					14. MOTHER'S							
	iam McCai				S		Ball		×	4-1	- 15	
(Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates af s		None		o. Jone		02 W.	Willagton,	-			
18. CAUSE OF DEA	ATH [Enter only one co	use per lii	ne for (o), (b), and (c							IN	TERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	(	MIRON	110	HYP	ERT	TENS	SION		Or	ISET AND	VRS
44	J X DUE TO										,	
Conditions, if a	ny, which ) (b	(	2 HRON	10	MY	00%	HRD	1715		3.45H	44 4	RC
gove rise to i	mmediate (											
lying couse lost.	) (c											
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	CONDITION	GIVEN !	N PART 1(o)	19. WAS PERFO	AUTOPSY RMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in 1	Port I or Port	11 of item 18.	)			
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	20d, 11 While of wor	NJURY OCCURRED  Not while  of work	20e. PL fo	ACE OF INJURY (Hoctory, street, office	lome, form bldg., etc.	20f. (City	or town)		(Count)	')	(Stote)
21. I certify th	at I attended the	deceas	ed from 2	-1	2 - 19 59	, ta	1-2	5 , 19	6/tha	t I last sa	w the d	eceased
alive on	1-20 -	, 19 (	L, and the	at death	accurred at	4.451	M, from					
C POST IN	mri	0 /	000	7				reet, city or to				E SIGNED
ACTUAL SIGNATURE	allan	Y L	mehle	g.	M.D					1-2	-6 -6	51
reame (type)	r. Alan F		rutchley		Mi	ddle	town	Del.			~~~~	
220. BURIAL, CREMATIC REMOVAL (Specify)		1	Shrews		Cemete	rv		ned vvi			(Stot	e)
23. FUNERAL DIRECTOR		Lu	ADDRESS Still			24a. REC'	D BY REGIST	RAR 24b. R	EGISTRA	R'S SIGNATI		
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

クちり CERTIFICATE OF DEATH 66747

		43	6	CEKIII	ICA	TE OF L	JEAII			- 1	Reg. Dis	t. No.		
	LACE OF DEATH	Kent		MARYL	AND	2. USUAL RESI a. STATE	Mary]				Residence Kent		e admis	sian)
) t	RURAL and give	(If autside carporate lim nearest tawn) estertown	its, write	c. LENGTH OF STAY I	N 1b	3°. CITY OR		autside carp		write RUR	RAL and gi	ive near	rest taw	n)
C	I. NAME OF HOSP OR INSTITUTION	25 Washin				d. STREET /		ashin	gton	Ave	,	e	ON A	SIDENCE A FARM? NO X
	NAME OF DECEASED Type ar print)	Amy C		ssell McM		nin	it	4. DATE OF DEATH	ı Ja	Manth	15	Day		Yeor 161
S. S	F.	W.	WIDOW			May 2	2 18	376	9. AGE (In last birt	years hday) yrs.	Manths	Days	Haurs	Min.
h	ousewii	ION (Give kind af wark orking life, even if retired E	IA I	kind of Business or omemaking	INDUS	Ches	tert	own	Mary	land			J.S.	· A ·
	-	ilus Wate							nwood			r		
1S. Yes,	was deceased ev	(If yes, give war or dates of	RCES? 16.	social security no.		vid Mc	Menar	min	Chest	tert		Mo	d.	31
N	Canditians, if gave rise to cause (a), stating lying cause last	immediate DUE TO	) ) )	ld age Arteriosc						ON GIVEN	N IN PART	10	) <b>y</b> e	DEATH
CERTIFICATION	20a. ACCIDENT W	/AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OC									PERFC	ORMED?
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	10	ar 20d. I While at was	Nat while		CE OF INJURY ary, street, affic			ty ar tawn)		(C	aunty)		(State
		A.C	. Di	ck	death	occurred at	7:45	fram Abbress (	the caus Street, city a	es and r tawn, sto	an the	date	stated DA	d abave
(	REMOVAL (Specifical La L	1/18/	61	Chester  ADDRESS			24g, REC	Che	ster	town			(Stat	e)
/	Marvin		ams	Chestert	own	, Md.	DATE J	AN 1 9	'61		in S.			

TO HOSPITAL VS A1S (4) 15M 9/SB

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

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4 - 6	dheaterton	20.0	

VS A15 (4) 1SM 9/5B

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

753

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 60748

	PLACE OF DEATH a. COUNTY	Kent	n E	MAR	YLAND	2. USUAL RES	Mary.			nstitution DUNTY	Residen Ker		re admiss	ian)
	RURAL and give no	f outside carporate limi earest tawn) LESTERTOWN	11	LENGTH OF STAY			TOWN (If ou				RAL ond	give nec	rest town	)
	d. NAME OF HOSPIT	AL (If not in hospitol, greater Est	ive street od	dress)		d. STREET Tol	address chest	er Es	state	s				FARM?
3.	NAME OF DECEASED (Type ar print)	Frank	A.	Rowe	е	la		4. DATE OF DEATH		Month	9	Da	'	Year 61
5.	sex M.	6. COLOR OR RACE	7. MARRIES			B. DATE OF BIR			9. AGE (In lost birth		F UNDER Months	1 YEAR Days	Hours Hours	R 24 HRS. Min.
100	during most of work Ret 11	ON (Give kind of wark king life, even if retired	ire	ND OF BUSINESS Fightin	or indus	ulp.		a. Pa				J.S		OUNTRY?
13.	Thos.	. Rowe	9 2			Seli	na ?	???	Rowe					
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SO ervice) 192	-22-630		a Eliz	. Row		lches ester					
z	Conditions, if a gove rise to i couse (a), stoting lying couse lost.	m mediote	)	ENERI	9416		ART	ERIC	osch	e Ro		/	Ver	KS
CERTIFICATION		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		IBE HOW INJURY (									PERFO	NO NO
MEDICAL CE	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.		While	URY OCCURRED  Not while at work		CE OF INJURY tary, street, affi			or town)		(0	Caunty)		(Stote)
	21. I certify the alive an  ACTUAL SIGNATURE	at lattended the	deceased 196 Will PAU			accurred a	4:208	M, fram haddress (Str.	the caus	es and	an the		stated	eceased dabave. E SIGNED
	BURIAL, CREMATIC REMOVAL (Specify) Cremation			name of central centra	Evar	crematory is Crem	nator	22d. LOCAT	ion (Gir. eadi:		raunty)		(Stot	e)
18 0	FUNERAL DIRECTOR Marvin V	S SIGNATURE William	s Che	stertow	m, N	/ld.	24a. REC'D	BY REGIST			RAR'S SIG		RE	

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE,	18
754 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Reg. Dist. No. (6749
	Name of the state	

a. CO	OF DEATH UNITY	^ ent	MARYLANG	O STATE THE	CE (Where deceased li	b. COUNT		AND DESCRIPTIONS OF THE PERSON
b. CITY	OR TOWN (If	town	c. LENGTH OF STAY IN 16	0.0	N (If outside corporal nestertow		RURAL ond give	nearest town)
d. NAA		vert St.	in hospital, give street address)	d. STREET ADDRE	vert St,			e. IS RESIDENCE ON A FARM? YES NOT
3. NAME DECEA (Type of		Junius		mith	4. DATE OF DEATH J a	n. 27	, 1961	Year 19
5. SEX	le	6. COLOR OR RACE 7. 7. COLORedwil	MARRIED NEVER MARRIED NOWED DIVORCED	W. P	882 7	GE (In years at birthday) 8 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10o. USU during	most of working	N (Give kind of work done g life, even if retired) OPEP	106. KIND OF BUSINESS OR INDU	107	State or foreign countries.  Co. Mary J		12. CITIZEN C	OF WHAT COUNTRY?
13. FATH	ER'S NAME	saac Smit	h	14. MOTHER'S MAID Catl	en NAME herine Co	tton		
15. WAS (Yes, no, or N	unknown)	R IN U. S. ARMED FORCES (If yes, give war or doles of service)		informant Cleanor Mu	irray Ca	lvert Che	St. stertov	m. Md.
18. C.	PART I. DEATI	H [Enter only one cause pe H WAS CAUSED BY: MMEDIATE CAUSE (a)	r line for (o), (b), and (c).]  Probable coror	ary thron			INTE	RVAL BETWEEN LET AND DEATH LOFT TIME
gove (a), s	rise to immed stating the u e last.	DUE TO (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CO	NDITION GIVI	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO (1)
CAUS PRIMA 2000. I	EXTERNAL CAUSARY OF CONSE OF DEATH.	SE WAS TRIBUTING [] 20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Part II of it	em 18.)		
ă	Hour a. m.	1/2) 1961	20d. INJURY OCCURRED 20e. PL Vhile at work of work	ACE OF INJURY (Home, tory, street, office bldg.	, etc.)		(County)	(Stote) Md.
			the remains described ab es 🔼, Accident 🗌, Su			ection <b>X</b> , termined co	Inquiry [	, and find that
ACTU	JAL JATURE	RLEAN +	am	M.D.	AL EXAMINER			DATE SIGNED
NAM	er (1Abe)		arr	DEPUTY MEDI	CAL EXAMINER			1/27/61
ya.	AL CREMATION DVAL (Spairy)	1/29/61	Janes Cem		22d. LOCATION Chest	(City. town, o ertown		(Slote) land
23. FUNES	MANUEL	SIGNATURE (LECCE	Chestertow	AND RESIDENCE OF THE PARTY OF	REC'D BY REGISTRAR  JAN 3 1 '61		trar's signaturillum 8. Ku	

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VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT C	F HEALTH—BALTIMORE,	18
755	CERTIFICATE C	E DEATH	

CEPTIFICATE OF DEATH

	****		CERTIFICA	AIL OI DEA	7111		Reg. Dist.	No.
. PLACE OF DEATH					E (Where dece	ased lived. If instituti		before admission)
Ke:	nt		MARYLAND	a. STATE Mai	ryland	b. COUNTY	Kent	
b. CITY OR TOWN	(If outside corporate limits,	write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside co	rporate limits, write R	URAL and giv	e nearest town)
Kenned	yville		44 Years	X Kenne	edyvil	le		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, giv	e street a	ddress)	d. STREET ADDRE	SS		200	e. IS RESIDENC ON A FARM YES NO
NAME OF DECEASED	First		Middle	Last	4. DA1			Day Year
(Type or print)	Robert			encer	DEA	лн Januar		
s. SEX	6. COLOR OR RACE	MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	Summer of the last	9. AGE (In years	IF UNDER 11	YEAR IF UNDER 24 H
Male	White	WIDOWE	DIVORCED [	Jan. 22	, 1876	85 yrs.	Months De	ays Hours Mir
Oa. USUAL OCCUPAT	ION (Give kind af wark da irking life, even if retired)	ne 10b. K	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	State ar fareig	n country)	12. CITIZE	N OF WHAT COUNT
Α.	enter	Se	elf- Employe	d Mary	Land		U	. S. A.
3. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME			
Jo	hn Thomas	Sper	ncer	Mary	Ann G	reen		
S. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16. S		NFORMANT	977	Add	Iress	
(Yes, no. or upknown)	(If yes, give war or dates of serv	127	13-12-5448J0	hn T. Spe	encer	Kennedy	ville	. Md.
18. CAUSE OF DE	ATH [Enter only one cous	e per line	for (a), (b), and (c).]					INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Ce	pebral thron	bosis				ONSET AND DEAT
33	IMMEDIATE CAUSE (o)_ DUE TO						- 5	days
Condition it								
Conditions, if	immediate	-						
couse (o), stoting								
lying couse last	, (0)-	TIONIC CO	CALIFORNITING TO DEATH BUT	NOT BELLIED TO THE	TERMINAN DISI	TAGE CONDITION OR	VENT IN DART 1	AND WAS AUTOR
E PART II. OI	INER SIGNIFICANT CONDI	HONS CO	ONTRIBUTING TO DEATH BUT	NOT KELATED TO THE	IERMINAL DISI	EASE CONDITION GIV	PARI I	PERFORMED?
5		AL DESC	BIRS WOULD BE SEED SEED SEED SEED SEED SEED SEED		1.0.1	0 111 (11 10)		YES NO
PART II. OT	G CAUSE OF DEATH	Ub. DESC	RIBE HOW INJURY OCCURRED	), (Enter nature at inju	ry in Part I or	Port II at item 18.)		
	Y MEDICAL EXAMINER)	Jan 1 11 11		CE OF INTURY III	5 (000.4			
20c. TIME OF INJU		20d. IN While	Not white	CE OF INJURY (Home tory, street, office bldg	, tarm,   20t. ( J., etc.)	City or town)	(Cau	unty) (Sto
	19	at work	at wark					
21. I certify t	hat I attended the d	decease	d fram 1/23	19.61 to	1/27	191	,that I last	saw the deceas
alive an	1/27	, 196	1, and that death	accurred at 7:	32An, fro	im the causes ar	nd an the o	date stated aba
/	MI	7		A		S (Street, city or town,		DATE SIGN
ACTUAL SIGNATURE	Les Vo	tou	-	M.D.			/	127/61
BUVEIGUANIE D	r. Robert	W. F	arr	Cl	nester	town. Md	•	
20. BURIAL, CREMATI	ON. 22b. DATE THEREOF					CATION (City, town,		(54-4-)
REMOVAL (Specify	1/29/6	7	Galena Cem		_	_	202	(Stote)
3. FUNERAL DIRECTO	1 -1 1 -	4	ADDRESS	-			Md .	ATIEDE
1 TA	K S SIGNATURE		Still Pond	B/C-J	REC'D BY REC			
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13 - 43 -	поок	Honry 3p	Robert
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	Mary Ann Groon		C nampair sulet.
IN SOLAR	m T. Spencer Carmedy	213-12-5140101	vi = m
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may be rebained by the haspital ar attending physician.

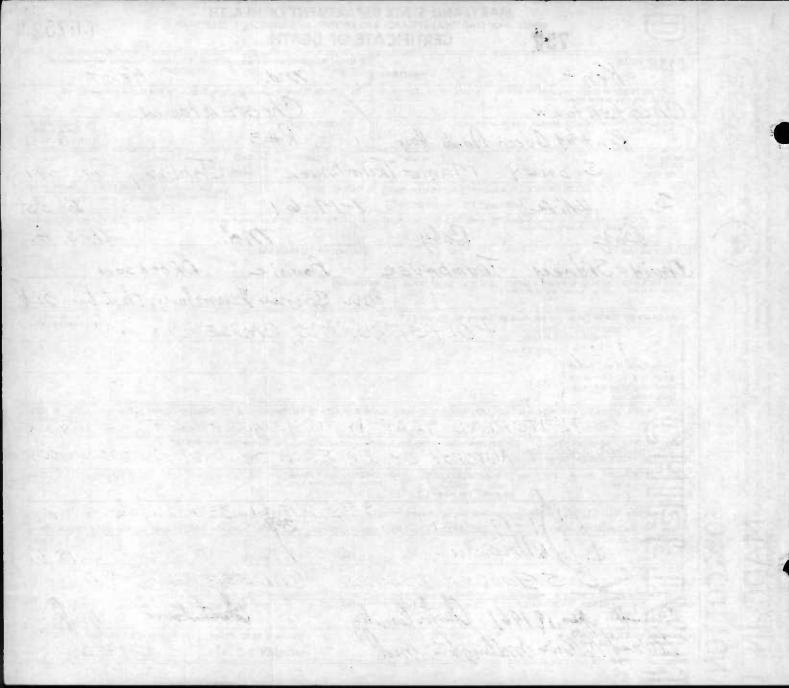
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave contrappers. Pages 1 and 2 shauld, be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haus after death. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL

VR A1S (4) 1SM 9/59

2072211XV4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 757

1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Hen T
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF THE FEB QUEEN Finnes Heap,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SIDNEY MARIE TR	Pumbauer 4. DATE Month Day Year OF DEATH JANUARY 17 1961
S. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED    White WIDOWED   DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1-17-6 9. AGE (In years life UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 555
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	md. U.S.A.
David Sidney TrumpavER	Bonnia Brockson
(Yes, no, or unknown) (If yes, give wor or dates of service)	Mrs Bonnie Kumtaur Chestutur mot
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which  (b)	2051T15, CAUSE UNKNOWN INTERVAL BETWEEN
gove rise to immediate couse (a), stating the under- lying couse last.  DUE TO  (c)	
TENTORIAL TEAR	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  WITH HEMORRHAELT YES NO 1
OR CONTRIBUTING CAUSE OF DEATH AUTOPSY BY	DR E.C.H SCHMIDT, EASTON HOSP.
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  79 While Not while of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased give on	death accurred a 3 M, from the causes and on the date stated abave.  M.D. ATTENDING MED. DIRECTOR STAFF PHYS.   18-GP
22c. PHYSICIAN'S NAME (Type) O. S. GULBRANDSEN	1, M. D. CHESTERTOWN, MD.
23d. BUBIAL, CREMATION, 23b. DATE THEREOF 23c. ALLE OPCEMETERY CONTROL OF STATE OF CHARLES OF CONTROL OF CONTR	OR GREMATORY 23d. LOGATION Litry, Jun, or county) (Stope)
24. FUNGATION SCHATURE Millington and millington and	DATE JAN 2 0 '61 DATELY & Kraub



by the haspital ar attending physician.

may be retained TO HOSPITAL

VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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MC COLUMN	138		CERT	11107	IL OI	DLAII				Reg. Di	st. No.		
PLACE OF DEATH			MAR	YLAND	2. USUAL RE o. STATE	Md.	nere deceased	lived. If ins		n: Residen Kent	ce befor	e admiss	ian)
b. CITY OR TOWN (If RURAL and give ne Sassafras	autside corporate lim arest tawn)	its, write	c. LENGTH OF STA	YINIb	c. CITY O	R TOWN (If o	utside carpo	rate limits, wi	rite RU		give nea	rest tawr	1)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, q	give street o	oddress)		d. STREET	ADDRESS	1						FARM?
NAME OF DECEASED	Fi	rst	Middl			.ast	4. DATE OF	54	Manth	1	Da	,	Yeor
(Type ar print)	Aaron		C.	-	hitting		DEATH	Janu			1,		1961
.sex Male	6. COLOR OR RACE Colored	7. MARR	DIVORC		Mav 1.			9. AGE (In y last birthd		Months	Days	Hours	Min.
a. USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	1)	KIND OF BUSINESS		TRY 11. BIRTH	IPLACE (Stote	or foreign co					WHATC	OUNTRY?
. FATHER'S NAME	MCG M.E.Ch	ur pri	MINISTEL		IA MOTHE	C'S MAIDEN I	JAMF		-	Uni	S.A.		
Unknown					Unkno		VVIII						
. WAS DECEASED EVER			SOCIAL SECURITY NO	O. IN	FORMANT	- 11	11 11	5 5 1	Addre	ss			
(es, no, or unknown)	f yes, give war or dates of :	0.1	one	Mrs	. Mart	ha Whi	ttingt	on,	Gol	Lt, M	d.		
IR CAUSE OF DEA	TH [Enter only one co										INTE	RVAL BE	TWEEN
	H WAS CAUSED BY:	1	10 (0), (0), dill (0)	r.j								ET AND	
201	IMMEDIATE CAUSE (		120 1200	77							-	40	cay
Canditions, if or	DUE TO y, which ) (E	a.	mer aliz	ed !	arte	ris ar	luns	ŝ			P	wer	when
gove rise to in couse (a), stating t lying couse lost.	mediate (	0	erility-								L	ven	vo z
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE		NOT RELATED		INAL DISEAS	E CONDITION	N GIVE	N IN PAR	T 1(a) 1		AUTOPSY RMED? NO
PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY	OCCURRED	. (Enter nature	of injury in	Port 1 ar Par	t II of item 18	3.)				No.
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	20d. IN While of worl	Not while		CE OF INJUR ary, street, of			or town)		(0	County)		(Stote)
21 I certify the	at I attended the	decease	ed from OV	1-3	1 10 (	o to	Jan	1 19	64	hat I la	et env	the d	leceased
alive an	un #	19 6	and the	t death	accurred	/	77						
7	,	A	, and ma	i dediii				treet, city or 1			- daic		E SIGNED
ACTUAL SIGNATURE	H.Hau	ull	in	۸	1.D. 7	illi	-ali	1	n	d.		1/	6/6
PHYSICIAN'S NAME (Type)	1, H, HA	MIL	TON			ZJV							
I AMILE (INDE)													
20. BURIAL, CREMATION	, 22b. DATE THERE	OF	22c. NAME OF CEA	AETERY OR	CREMATORY		22d. LOCA	TION (City, Id	own, or	r county)		(Stol	e)
	Jan. 7, 19		22c. NAME OF CEA			,		TION (City, Id				(Stol	

DATE

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